TMO Port Call Request

623-856-7035 // tmopax2@us.af.mil // Walk-in hours 0730-1600

Name as it appears or	ı CaC	Grade	SSN	Date of Birth
Personal Phone Numb	er	Personal E-Mail Address		Duty Phone Number
Emergency Point of Contact Name and Phone Number (Someone who is not traveling with you)				
PCS Location	RNLTD		Preferred	Date to Depart Overseas
Will you be taking leave en-Route and not coming back to the Phoenix Area (procuring your own travel to the port)? YES NO				
Will you be going TDY en-Route? YES NO If yes, what location?				
Do you have a GTC? YES NO (If no, it must state on your orders that you do not have one)				
Will you be storing a POV at gov't expense? YES NO				
Will you be shipping a POV at gov't expense? YES NO (If you are shipping a vehicle at gov't expense, please refer to approved locations: www.pcsmypov.com)				
Will you drive to the Vehicle Processing Center (VPC) and returning to Luke? YES NO				
Which VPC do you prefer? (Luke's Authorized Port is either San Diego or Los Angeles)				
San Diego, CA Lo	os Angeles, CA Da	ıllas, TX Seat	tle, WA Norfo	lk, VA New Orleans, LA
St. Louis, MO Atla	anta, GA Orlando	o, FL Baltimore,	MD Charleston,	SC New Jersey/New York
Dependent Information: Name must be listed as it appears on Passport. Dependents 10 and older must have military ID card.				
Name:	Gender:	Do	OB:	SSN:
Name:	Gender:	D	OB:	SSN:
Name:	Gender:	D	OB:	SSN:
Name:	Gender:	D	OB:	SSN:
Name:	Gender:	D	OB:	SSN:
Will you be taking a Pet? Yes No (Pet travel is limited to Cat/Dog and only 2 Pets can be booked.)				
Cat or Dog?	Kennel Size (Sma	ıll, Medium, Large	, XLarge)	Weight of Pet/Kennel Combined